

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		01/24/01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	503	09-29-01
FORMALITY REVIEW	<i>[Signature]</i>	868	10-17-01

Response

### INDEX OF CLAIMS

- |   |                            |   |                    |
|---|----------------------------|---|--------------------|
| ✓ | ..... Rejected             | N | ..... Non-elected  |
| = | ..... Allowed              | I | ..... Interference |
| - | (Through numeral) Canceled | A | ..... Appeal       |
| + | ..... Restricted           | O | ..... Objected     |

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available

Jc 8/11  
10/17/01  
Jc 8/16  
12/31/01